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APR 1 2 2005

Date: April 12, 2005

FACSIMILE COVER LETTER

Facsimile Number: (703) 872-9306

To:

Examiner E. Mantis Mercader

Group Art Unit 3737, USPTO

From:

Mr. Daniel J. Stanger

MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

Re:

US\$N 10/075,284

Attorney Docket No.: H&A-107

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

PTO-1083 TRANSMITTAL;

REPLY W/COPY OF REPACHOLI ET AL., "ULTRASOUND: MEDICAL

APPLICATIONS...".

April 14, 2005

Daniel J. Stanger/ Reg. No. 32,846 Dat

Total Number of Pages (including cover sheet):

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FORM PTO-1083

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PATENT

Case Docket No. H&A-107

In RE application of

K. SASAKI et al

Serial No.: 10/075,284

Group Art Unit:

3737

Filed: February 15, 2002

Examiner:

E. MANTIS MERCADER

FOR: THERAPEUTIC ULTRASOUND SYSTEM

Assistant Commissioner for Patents Washington, D.C. 20231

Transmitted herewith is an Amendment in the above-identified application.

Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

No additional fcc is required.

The fee has been calculated as shown below:

(COL. 1)					(C	(COL. 2)		(COL. 3)	
			Cialms Remaining After Amendment		Highest No. Préviously Paid For		Present Extra		
	Total	ŀ	7	Minus	••	20	-	0	
	Indep.	-	2	Minus		3	_	0	
	First Presentation of Multiple Dependent Claims								

OR Rate Additional Fee 9 42 140

SMALL ENTITY

OTHER THAN A SMALL ENTITY 18 0 0 280 Total

OR

If the entry in Col. 1 is less than the ontry in Col. 2, write '0' in Col. 3.

If the "Highest Number Provincesy Pold For' IN THIS SPACE is less than 20, write '2' in this space.

If the "Highest Number Provincesy Pold For IN THIS SPACE is loss than 3, write '3' in this space.

The "Highest Number Provincesy Pold For In Col. or Independently is the highest number found from the equivalent

Cal. 1 of a prior Amendment or the number of claims originally filed.

Please charge my Deposit Account No. 50-1417 in the amount of \$_

A check in the amount of \$ is attached in payment of:

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.

x Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

X Any patent application processing fees under 37 CFR 1.17.

X Any Extension of Time fees that are necessary, which are hereby requested if necessary.

MATTINGLY, STANGER & MALUR, P.C. 1800 Diagonal Rd., Suite 370 Alexandria, Virginia 22314 (703) 684-1120

Daniel J. Stanga 32,84

Attorney for Applicant(s)

Registration No. Date: April 12, 2005

H&A-107

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Filed: February 15, 2002

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APR 1 2 2005

K. SASAKI et al

Serial No. 10/075,284

Group Art Unit: 1737

-

Examiner: E. Mantis Mercader

For: THERAPEUTIC ULTRASOUND SYSTEM

REPLY

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

April 12, 2005

Sir:

In response to the Office Action mailed January 12, 2005, please amend the above-identified application as set forth below.